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FROM:	Brett L. Bornsen	DATE:	June 17, 2004
NUMBER OF PAGES (including this page):	18	TELEPHONE:	303-938-9999 ext. 17
TO:	Mail Stop: Amendment Commissioner for Patents	EMAIL:	bbornsen@dsoblaw.com
RE:	Application No. 09/702,644 Filed: 10/31/2000 Inventor: Fred S. Cook Art Group: 2682 Examiner: Eugene Yun Attorney Docket No. 1455	TELEPHONE:	
		FAX:	703-872-9306

MESSAGE

Attachments: Transmittal Form - 1 page
 Response to Office Action - 14 pages
 Application Data Sheet - 2 pages

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PTO/SB/21 (02-04)

Approved for use through 07/31/2006, OMB 0651-0031
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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Application Number	09/702,644
Confirmation Number	1072
Filing Date	10/31/2000
First Named Inventor	Fred S. Cook
Art Unit	2682
Examiner Name	Eugene-Yun

Total Number of Pages in This Submission **17** Attorney Docket Number **1455**

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Application Data Sheet 2 pages
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

Application Data Sheet is submitted to provide the current mailing address of the inventor.

It is believed that no fees are due in this matter. However, if it is determined that fees are due, the Commissioner is authorized to debit Deposit Account 210765 for any required fees.

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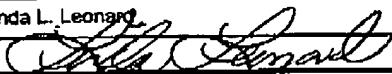
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or individual name **Brett L. Burns, Reg. 46,568**Signature Date **6-16-04**

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name **Linda L. Leonard**Signature Date **6/17/04**

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